

Gloucestershire Care Services NHS Trust

R1J

Community health (sexual health services)

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
R1JX1	Hope House	Hope House, Gloucester Royal Hospital, Great Western Road, Gloucester	GL1 3NN
R1JW1	Milsom Centre	8 Milsom Street, Cheltenham	GL50 4BA

This report describes our judgement of the quality of care provided within this core service by Gloucestershire Care Services NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Gloucestershire Care Services NHS Trust and these are brought together to inform our overall judgement of Gloucestershire Care Services NHS Trust

Summary of findings

Ratings

Overall rating for the service	Good	
Are services safe?	Good	
Are services effective?	Not sufficient evidence to rate	
Are services caring?	Good	
Are services responsive?	Requires improvement	
Are services well-led?	Good	

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Good

Gloucester Care Services provided sexual health services across the county of Gloucester. The service was registered to provide the following registered activities: diagnostic and screening procedures, treatment of disease, disorder and injury, termination of pregnancy and family planning. The registered locations were at Hope House on the site of the Gloucester Royal Hospital and Milsom Centre in Cheltenham. Other clinics and services were provided throughout the county which enabled people to access services in their local area.

During the inspection we spoke with 14 patients who were attending the service for care and treatment. Patients were very satisfied with the service they received and made positive comments about the staff who provided their care and treatment. We also received 35 completed comment cards which patients had completed in the week prior to our inspection. These contained positive comments regarding the care and treatment provided, but also reflected that the booking system was problematic and at walk in clinics there was often a substantial wait for treatment.

Services provided by the sexual health services were safe and were delivered by trained and competent staff. Staff were aware of how to report incidents and were encouraged to do so by their managers. Staff generally received feedback following the reporting of an incident.

Lockable storage was provided for all medication within clinics, although we observed two occasions where staff had not followed the system in place to secure the medication.

Infection control procedures were in place in all areas and the environment appeared clean, tidy and free from clutter and odours.

Concerns were reported around staffing levels in some areas therefore services were arranged to ensure a safe service was provided to patients when staffing levels or the skill mix of staff was compromised.

Care and treatment provided to patients from the sexual health service was in line with regional and national guidance. The service provided was an integrated service and staff worked well as a multi disciplinary team to provide a seamless service for patients. Staff were supported by their managers and met for one to one supervision sessions and received annual appraisals.

The sexual health service provided a caring service to patients who attended the clinics. Patient's privacy, dignity and confidentiality were respected at all times. Patients provided us with positive comments about their experience at the clinic and described staff as friendly, warm, welcoming and professional. Patients were supported by staff to understand their care and treatment options.

Clinics had been provided to improve the access for patients. For example over different evenings and on a Saturday morning. However, the service had a single point of contact booking line which was managed at the clinic at Hope House. Staff and patients considered this service did not meet demand and consequently patients had experienced problems getting through to make an appointment and often ended up attending a walk in clinic. This had resulted in patients not being able to access the treatment they required immediately as some procedures required staff to have additional competencies.

Governance arrangements were in place to monitor audit outcomes, risks and incidents. Risk management systems were in operation and escalated outside of the service where necessary. The service had a clear vision and strategy and staff were proud and positive about their work and working for the trust and the sexual health service.

Staff worked as part of a cohesive and effective multi disciplinary team which provided positive outcomes for patients.

Summary of findings

Background to the service

Information about the service

The sexual health service in Gloucester was based at Hope House on the site of the Gloucester Royal Infirmary and at Milsom Centre, Cheltenham. Services included contraception and sexual health advice, screening and treatment, HIV services, pregnancy advisory service including termination of pregnancy and the sexual assault referral centre.

Contraception and sexual health clinics were also held in the following areas to provide ease of access for patients: Cinderford, Cirencester, Coleford, Dursley, Lydney, Stonehouse, Tewkesbury and Cheltenham. Referrals to Hope House for specialist services were made at all clinics when necessary.

People under the age of 25 were able to access contraception and sexual health services at Gloucester, Harpur, Stroud, Forest of Dean and Cirencester colleges. The trust ran a C card scheme which enabled registered patients to collect free condoms from a number of sites in the following areas; Tewkesbury, Stroud, Gloucester, Forest of Dean, Cotswolds and Cheltenham.

Clinics offered an appointment system and also walk in clinics where appointments were not required. The booking service was operated from the main registered site at Hope House in Gloucester.

Staff worked flexibly across the county and the duty rota identified which staff were due to work from which venue each day.

The sexual health services are provided to a population of 490,233 people aged over 16. People under the age of 16 could also access the services.

During this inspection we visited Hope House, the Milsom Street Centre in Cheltenham, Stroud medical centre and Cirencester College to view clinics in operation.

We spoke with 27 members of staff including consultants, doctors, nurses, health care assistants, receptionists and administrative staff. We also spoke with 14 patients who were attending clinics on the days of our inspection. We received completed comment cards from 35 patients prior to our inspection to seek their view of the service provided.

Our inspection team

Chair: Dorian Williams, Assistant Director of Governance, Bridgewater Community Healthcare NHS Foundation Trust

Team Leader: Mary Cridge, Head of Hospital Inspections, Care Quality Commission

The team of 34 included CQC inspectors and a variety of specialists: district nurses, a community occupational

therapist, a community physiotherapist, a community children's nurse, a palliative care nurse, a sexual health consultant and specialist sexual health nurse, a health visitor, a child safeguarding lead, a school nurse, directors of nursing, an ex-chief executive, a governance lead, registered nurses, community nurses and an expert by experience who had used services.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

Summary of findings

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

'Before visiting, we reviewed a range of information we hold about the core service and asked other

organisations to share what they knew. We carried out an announced visit on 24, 25 and 26 June 2015. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who use services. We observed how patients were being cared for and talked with patients attending the clinics to seek their views. We reviewed care or treatment records of patients who used the service.

What people who use the provider say

Patients we spoke with were positive about the service they had been provided with. Patients spoke of feeling respected by the staff who had welcomed them and put them at their ease. Comments were made of the professionalism of the staff and their kind and caring approaches.

We left comment cards available in the week prior to the inspection for patients attending the clinics to complete. Thirty five cards were completed and returned to us. Specific comments made by patients included: "service is top class, everyone helpful and understanding", "the care I have received over past two years is second to none", "all the team are fantastic and attentive, I would not want my care anywhere else", "I have nothing but praise for the people and services available to me at Hope House. They

have been excellent and always look after me and provide the information that I need" and "the facility is great and staff are always warm, friendly and compassionate".

Negative comments were received regarding a lack of car parking and the cost of parking at Hope House. Patients also talked and wrote about the difficulties using the booking line due to it often being engaged or being cut off when put on hold. Patients also told us about long waits of up to four hours when attending the walk in services. However, patients did not complain about this as they felt they had eventually been provided with a good service. One patient said that although they had to wait they knew the clinicians would provide them with as much time needed and did not feel rushed which they appreciated.

Good practice

The sexual health service was an integrated service, with patients being able to access the necessary care and treatment in one place. There were social workers, counsellors as well as medical and nursing staff available to provide care, treatment and support to patients as required. Staff were committed to working collaboratively and had efficient ways to deliver joined up care to people

who used the service. Staff were positive about the working relationships with their colleagues, giving examples of how this helped to provide seamless services to patients. The multi disciplinary team worked well with external organisations to ensure patients received full support and ongoing care where necessary.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

Medication must be kept securely stored in all areas at all times. Emergency medication must be checked regularly for expiry dates.

Improve the arrangements and accessibility of the systems in place to enable patients to telephone the service to make an appointment.

Action the provider SHOULD take to improve

Medication and records held at clinics in colleges should remain confidential and not be accessible by college staff. Records stored at the Milsom Street Centre should be secured at all times.

Patient records, including proformas, should be reviewed to consistently reflect clearly the name of the staff completing the records and that all areas completed fully.

Records were not maintained to identify cleaning of all equipment and treatment areas. Systems for checking emergency equipment should be reviewed to consistently demonstrate the process was followed.

The provider should maintain an audit trail of all medications ordered, stored and returned to pharmacy in community clinics

The provider should review the numbers of staff on duty were consistently at a level at all times to provide effective and responsive service.

The provider should review the arrangements of staff returning to Hope house alone after the clinic was closed. Staff safety procedures, such as the use of panic alarms at the Milsom Street Centre should be monitored. For example, to ensure that staff were familiar of the use of and response to panic alarms.

The provider should review the waiting areas of clinics following feedback from patients and staff. For example, provision of entertainment for children accompanying parents to the clinics and regarding the privacy of patients waiting.

Gloucestershire Care Services NHS Trust

Community health (sexual health services)

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

Services provided by the sexual health services were delivered by staff who received mandatory and specialist training to meet the care needs of individual patients. Staff were knowledgeable about the procedures in place and the action staff were required to take in order to safeguard vulnerable adults and children who visited the clinics.

Staff were aware of how to report incidents and were encouraged to do so by their managers. They generally received feedback following the reporting of an incident, although this had not consistently happened when reporting concerns around the external provider of medicines.

Lockable storage was provided for all medication within clinics, although we did see two occasions where staff had not followed the system in place to secure the medication.

Infection control procedures were in place in all areas and the environment appeared clean, tidy and free from clutter and odours.

Concerns were reported around staffing levels in some areas and services were arranged to ensure a safe service was provided to patients when staffing levels or the skill mix of staff was compromised.

Safety performance

Incident reporting, learning and improvement

- Prior to the inspection the trust provided us with details of incidents which had been reported during June 2014 to May 2015. There had been 26 clinical incidents, 10 incidents regarding records and confidentiality and 5 personal accidents relating to either patient or staff. The service manager reviewed all incidents reported through the trusts electronic reporting system. During the inspection we discussed the incidents and were provided with evidence of actions being taken following them.
- Board papers from the January 2015 board meeting noted the trust was a low reporter of incidents when compared with peers using both the Aspirant Community Foundation Trust Group and National Reporting and Learning System (NRLS) data. The trust

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had developed an action plan to address this and had taken the following action to increase the reporting of incidents: staff views sought on the barriers to reporting, review of the electronic system to make it easier for staff to use and work with local teams to raise awareness of reporting, investigation and feedback.

- Staff reported incidents through an electronic system used by the whole trust. Staff told us they felt confident to report incidents and were knowledgeable about which issues they would report and how they would do this. Staff told us they were encouraged to report incidents and received feedback from their line managers regarding the outcome of the incident and any associated action. Wider reporting took place within team meetings to ensure learning following an incident, to reduce the risk of future occurrences. The exception to this were recent incidents which had been reported regarding the provision of medication to satellite clinics. Staff told us they had raised concerns but had not received feedback on any action taken.
- All incidents reported through the electronic system within the sexual health service were reviewed by the clinical director and the service manager.
- We were provided with examples of action taken following the reporting of incidents within the service. For example, there had been issues with the processing of smear samples. The clinical director had collated the incident reports and worked with the cytology department to resolve the issue. Reports had been received regarding the incorrect labelling of specimens and systems had been changed to ensure the health care assistants had protected time when sending samples to the laboratory. Another example given was regarding the protection of the confidentiality of patients using the HIV service. Reports now used the patient's hospital number and date of birth rather than their name.

Safeguarding

- The trust provided a safeguarding policy for staff to refer to which was available on the intranet, with paper copies available in departments. Staff were aware of how to access this document.
- Staff were aware of the trust safeguarding lead who they said they could approach for support and guidance when necessary.

- Staff were required to complete mandatory training regarding the safeguarding children and adults. The service manager maintained an electronic data base of training records and we saw staff were up to date with their safeguarding training.
- Staff demonstrated an understanding and awareness of the safeguarding of children and young people. We were provided with examples of actions taken in response to the identification of suspected safeguarding issues within the service. The staff used a proforma for children and young people under the age of 18, which prompted liaison with the paediatric specialist services and safeguarding teams.

Medicines

- Policies and procedures were in place for staff to refer to for the ordering, storage, prescribing and administration of medicines. These were detailed and staff were aware of where to access this information on the intranet.
- The sexual health referral service provided medical and nursing staff with detailed information regarding the medical care and treatment (including medication) patients required following a sexual assault. This policy and procedure detailed medication guidance based on national guidance and recommendations.
- The service received their medication from an external pharmacy. This arrangement had been in place for a short period of time prior to our inspection. Staff told us they had raised issues regarding this arrangement and the supply of medication. These were made through incident reports and verbally to managers and trust pharmacy staff. However, whilst staff informed us they had reported their concerns regarding deliveries being made to a satellite clinic when it was closed, the trust pharmacist had no knowledge of this concern. Staff were also concerned that the change in contract had resulted in increased amounts of drugs being stored on the premises due to the reduction in deliveries to the department. Another concern raised was deliveries of medication not correctly reflecting the order form.
- Medications were kept in cupboards which were able to be locked. The medication cupboard in the pregnancy advisory service was kept in a safe which was secured with a key pad. During our inspection we saw the safe had been left open with no member of staff in attendance. We also observed at a satellite clinic that the medication cupboard was left open with the key in the door with no member of staff in attendance. During

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the clinic we also observed that the medication keys were left on the office desk and at times there were no members of staff in the room. This did not ensure the security of the medication at all times.

- Controlled drugs were stored in some areas of the sexual health service and the balance was required to be checked each time the medication was administered and routinely on a monthly basis. Each month staff checked the expiry dates of all controlled medication stored. Staff confirmed this took place in each clinic where controlled drugs were used. We checked the records against the stock in one clinic and found these tallied.
- Medication for use in an emergency was stored on resuscitation trolleys. We saw that although the medication was not secured or stored in a tamper evident manner, the trolleys were covered and were kept in areas which members of the public only had access to when accompanied by a member of staff.
- During our visit to a community clinic, we observed some emergency medication had expired and was past its use by date. We discussed this with the senior nurse on duty and it was immediately removed from the clinical area and disposed of.
- Information was provided in the form of posters for a quick reference point for staff who administered adrenaline. This is a medication to treat anaphylaxis shock and was available in the sexual health clinics where certain procedures took place.
- Patient Group Directions were in place to enable specified and trained healthcare professionals to supply and/or administer specific medicines directly to a patient without the need for a prescription. For example, for the purposes of contraception. Within the HIV multi disciplinary team, two pharmacists prescribed medications for patients as there were no nurse prescribers within the team.
- In the community clinics a log was kept of all vaccines ordered and received from pharmacy. However, there was no record or audit trail of other medication received, stored or returned to pharmacy.

Environment and equipment

- Staff reported the estates department as being responsive to requests for maintenance and refurbishment of the buildings. We were provided with information within a recently completed infection control audit which had identified as a priority the need

for redecoration of areas of Hope House. Staff reported that the estates department had assessed the work required and commenced it within two weeks of the request.

- Emergency requests for repairs were carried out on the same day. For example, we were given an example of a blocked toilet that had been reported in the morning and fixed by lunchtime. We observed there was an odour in the staff changing room at Hope House. The service manager advised this had been reported on several occasions and no fault could be found as to the cause of the odour.
- Equipment was serviced and maintained at least annually and stickers were seen to show the date of the next service. The trusts medical engineering department held a list of all equipment on site and had responsibility for managing the system to ensure equipment was serviced and or maintained at appropriate times. Staff reported this system worked well.
- There had been an ongoing problem with a fridge that was used to store vaccines at a community clinic. At the time of our inspection due to the ongoing fluctuations in temperature the fridge had been decommissioned and a new fridge was on order. This meant that whilst waiting for a new fridge to arrive vaccinations were not able to be administered at the clinic and patients were required to attend another location for this treatment.
- The resuscitation trolleys at Hope House and Milsom Street clinics were readily accessible to all staff working in the building. The equipment and medication on the trolleys were not secured or tamper evident. However, they were located within an area where patients and members of the public were able to attend unaccompanied. Where clinics were held in community buildings the staff accessed the first aid and/or emergency equipment provided by the organisation who managed the building. For example, at colleges and medical centres. We were told that all staff who worked in the community clinics were aware of the local arrangements.
- Staff and patients commented that there were no facilities in the waiting areas for children who were required to accompany their parents to the clinic. For example no toys or children's books to look at. One member of staff expressed satisfaction that there were

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baby changing facilities at the new centre in Milsom Street in Cheltenham and hoped there would be a similar provision provided at Hope House which currently had no such provision.

- Positive comments were made by patients about the new clinic in Cheltenham in that it was away from the hospital site and in the centre of town with parking immediately outside or close by. One patient commented that had the booking staff not given clear directions they would have struggled to find it as there was no signage at the end of the street and no road name sign. We observed staff who answered the booking line give very clear and helpful directions to the clinic to a number of patients ringing in for an appointment. Milsom Street clinic had recently opened and the patient waiting areas and entrance looked stark and unwelcoming. One patient told us the receptionist had informed them they were waiting for art work for the walls to arrive which was also confirmed to us by clinical staff. The waiting room was small and on the day of our inspection, full. Patients reported to us it felt cramped.
- The staff reported that the counselling service at Milsom Street clinic had been unable to accept any new referrals to the service as the room allocated to this service was not suitable. We were told that the room was small and furnished with inappropriate furniture. New furniture had been ordered and was awaited.
- Medicinal gases such as oxygen and carbon dioxide were stored externally and securely. Staff advised us that smaller canisters of carbon dioxide were used in the clinics. They said that when filling these smaller canisters, they used personal protective equipment and carried this task out outside to avoid the risk of inhaling the gases. This was good practice and followed national safety guidelines.

Quality of records

- Paper records were maintained for patients attending the sexual health services. These records were separate to any other medical records held within the trust to protect patient confidentiality. Secure storage was available in all clinics. However, we observed that at Milsom Street the cupboard for patient records was left unlocked during the clinic. The cupboard was located within areas accessible to anybody visiting the clinic. This did not protect patient's confidentiality but was addressed during our inspection. At Cirencester College,

the key for the filing cabinet used to store records was placed in the college key safe at the end of the clinic. This did not ensure only authorised persons had access to these records.

- The records contained documentation completed by both the patient and clinical staff. Records relating to the patients care and treatment provided to them was clear. However, we noted that whilst all records were dated and signed there was not a printed name beside the signature and not all signatures were legible. This could prevent future analysis of records if required. We observed that the section of the template relating to whether a chaperone had been offered, accepted or declined was not consistently completed. This did not provide information on all aspects of the care and treatment delivered.
- The records contained information on the care and treatment provided by all of the integrated services with the exception of the HIV service. This enabled staff from the integrated team to review the care and treatment provided by all professionals. The HIV service maintained separate paper records for individual patients. A prepared template was in place for certain procedures and practices to ensure the appropriate information was recorded. For example, prior to administering specific medication, providing care and treatment to children and young people under 18, intrauterine device (IUD or coil) insertions, removals or checks. Staff told us the trust electronic record system was being developed to enable the sexual health records to be recorded electronically. This required an additional section of the electronic recording system so that the records would only be available to the sexual health service staff. It was anticipated that this would not be available until August 2016.
- Audits of patient records completed prior to and following a termination of pregnancy had been completed at intervals following a CQC inspection in 2012. Since the inspection the audits showed 100% compliance with the paperwork required by legislation. The last audit consisted of 40 sets of records which was one week's attendance at the pregnancy care and support service.

Cleanliness, infection control and hygiene

- All areas we visited were clean, tidy and free from clutter. Cleaning schedules were in place within clinics showing what cleaning had taken place and when the

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trust carried out a recent infection control audit at Hope House sexual health clinic. The audit found the control of infection was promoted in the following areas: hand hygiene, environment, linen management, waste disposal, body fluid spills, sharps management, personal protective equipment (PPE), patient equipment and clinical practices. The assessment tool used provided a percentage score which resulted in a pass for all areas.

- The trust provided information for staff in policies and procedures regarding infection control. The sexual assault referral centre followed additional guidelines to ensure that certain areas of the department complied with national forensic guidelines. Staff received additional training and guidelines regarding the cleaning of these areas and signed a log to identify when the areas were cleaned and by whom.
- We were told trolleys and beds in clinical rooms at Hope House and the Milsom centre were cleaned at the end of day. However, there was no recording in place to evidence this was undertaken.
- The trust had an infection control lead nurse and senior staff were aware of this person's role and how to contact them.
- Information regarding hand washing was clearly displayed in clinical areas together with hand washing facilities and hand sanitising gel. During our inspection we observed staff regularly washed their hands use hand sanitising gel and wore personal protective equipment as appropriate.
- Procedures were in place for staff to follow regarding safety when cleaning of spillages of body fluids. However, two members of staff we spoke with were initially unclear of the procedures to follow although they were able to locate this guidance to find the information.
- Staff who worked in community clinics had access to mobile kits which contained personal protective equipment for use during clinics. PPE was also stored at clinic sites, for example at the colleges.
- Patients we spoke with were confident in the cleanliness of the departments. They said the areas they waited in and were treated in, appeared clean to them and that they had been aware of hand sanitising gel throughout the department for their use and confirmed staff used this.

Mandatory training

- Mandatory Training is training that is essential for someone to safely undertake a task or role to comply with legislation or trust policies and procedures.
- Information provided to us during the inspection identified the mandatory training as comprising of health, safety and welfare, fire, conflict resolution, equality and diversity, information governance and infection control. Staff completed the mandatory training by e-learning.
- We reviewed the trusts policy on mandatory training and saw that additional training was considered mandatory for clinicians. For example, anaphylaxis treatment, basic life support and safeguarding. These were not recorded on the mandatory training matrixes, although additional records demonstrated that this training was in place for staff. Absence from the training matrix meant there was not an overview of training undertaken. In addition, staff we spoke with were not clear on which training was mandatory.
- The trust target for staff completion of mandatory training was 100% compliance. Information provided to us showed that the sexual health services were not meeting this target. 87% of staff had completed health and safety, 76% fire, 70% conflict resolution, 78% equality and diversity, 78% information governance and 87% infection control training. The sexual health service manager was aware of who was required to complete their annual updates. A number of those staff out of date for the mandatory training were currently on maternity or sick leave.
- Managers held electronic training matrix for teams which we were able to view during the inspection. We found that the sexual assault referral service and the HIV service staff were up to date with the mandatory training with the exception of those on long term sick or maternity leave. Staff we spoke with were confident their training was up to date. One member of staff told us that sometimes it was difficult to make the time to complete mandatory training. However, they added their managers were supportive and provided cover so that staff could complete their training whenever possible.

Assessing and responding to patient risk

- Resuscitation equipment was available at Hope House and Milsom Street clinic in Cheltenham. The trust required staff to check that all equipment was available on a daily basis, although we did identify there were

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some gaps in the daily checks. We noted from the record attached to the trolley at Hope House that there had been gaps of up to five days when no check had been recorded as being completed.

- Call bells were in place within cubicles for the patients attending the pregnancy advisory service to summon assistance if required. Panic alarms were installed within Hope House and Milsom Street clinic to enable staff to summon help from colleagues in an emergency situation. Staff we spoke with were aware of this system, but the alarms at Milsom Street had not been tested since the site opened. This did not ensure that all staff would be clear of the sound of the alarm and the action to take.
- Protocols had been put into place following staff harassment by one patient who was a regular attender to the clinic. This process was also followed during any interaction with aggressive patients who attended the clinic. Guidelines informed staff on how to lock down the clinic, inform other patients and contact security staff and the police.
- Risk assessments were completed by staff to establish the level of risk from sexually transmitted diseases when patients presented at the sexual health clinic or the sexual assault referral service. The assessment included the gathering of detailed information from the patient to determine the level of risk. Detailed information was included in the proforma to inform staff of the recommended medication to treat patients with an assessed significant risk.

Staffing levels and caseload

- The sexual health services provided information to us prior to the inspection that showed there were 99 staff working in the service including, clinical nursing and medical staff, administration and ancillary staff, which equated to 67 full time equivalent hours.
- Over the period of time from 1 March 2014 to 1 March 2015 there had been a total of 17 members of staff leave the service. The reasons provided were retirement, relocation, further education and the highest number at 6 were staff leaving for work life balance. We were told a number of medical staff had left the service when it became integrated as their main interest was the provision of a family planning service only.
- Staff, including managers and medical staff told us there had been a problem in recruiting additional staff. However, two physicians were due to commence work,

with one start date in July and one September. Another consultant was increasing their hours to full time from previously working part time, with another consultant interview day taking place in July 2015. A job advertisement was planned for a further full time consultant which when appointed, would make the medical staffing establishment complete. This would meet the guidelines set out by The Royal College of Physicians and The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. The recommendations are for a ratio of 1 consultant per 250,000 UK population.

- The current vacancies for nursing staff included a 30 hours per week band 7 (senior nurse) post, a full time post to cover a period of maternity leave, 27 hours per week for a band 6 to cover a secondment, 4 hours band 6 nurse on a permanent contract and 2 health care assistant posts of 20 and 22 hours per week.
- The manager and senior staff were aware of the staffing establishments for specific clinics. For example, for a walk in clinic the optimum staffing consisted of one doctor, two trained nurses and a health care assistant. The skill mix was amended as required. For example, if no doctor was available a nurse prescriber would cover the clinic to enable patients to receive the treatment they required.
- When the duty rota had gaps staff were offered the opportunity to work additional hours and either claim overtime pay or time off in lieu. Staff told us it was problematic to facilitate time off when the service was already under pressure. However, all staff acknowledged that it would be hard to find agency or bank staff with specific skills and competencies to deliver the service.
- Ongoing data collection was in process to review the number of patients attending walk in clinics, those who did not wait for care and treatment and those not attending for booked appointments. The manager explained this was to assist with determining the staffing establishment was correct.
- There was no duty rota in place for the telephone booking line but all the administration/reception staff we spoke with stated they agreed amongst themselves who would answer the line during the day.
- The sexual health service provided counselling for patients within the SARC, HIV services and sexual health clinics. However, due to an increase in police referrals to SARC there was a six month wait for counselling for patients who did not have an emergency referral. This

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had an effect on the other services. An additional two hours a week had been approved for one crisis worker and another two hours waiting approval. Staff told us that a business case was being put together to apply to the trust board for additional counselling staff.

Managing anticipated risks

- Staff were provided with information and guidance for the management of violence and aggression. Each clinic room contained a panic button for staff to use if they were concerned regarding their safety.
- Staff reported the trust had been supportive when risks from potentially violent or aggressive patients had previously been identified. Letters had been written to patients outlining the expected behaviour at clinics to ensure staff safety.
- The head of security carried out unannounced test drills on the use of panic alarms at Hope House, with the most recent being two months ago. The security system in the clinic was to be developed to include an alert that could be raised through the computer system. We were not informed of the date this was planned to be installed.
- Staff from community clinics transported specimens back to Hope House at the end of clinics run in the community. This meant that at times staff would return to Hope House after it had closed and staff had left the building. We asked staff if they were aware of any measures which had been put in place to protect them when entering Hope House after it had been closed. They were not aware of any and we did not see that this was identified as a risk on the local risk register.
- Hope House displayed a health and safety poster. There was a section to provide contact information for relevant professionals. However, this was blank and no contact information had been completed.
- Sharps bins were in place throughout the clinics for the safe disposal of used needles and other sharp equipment. However, we observed these were not used in accordance with manufacturer's guidance as they were not consistently closed when in use and some were over two thirds full and still being used. This meant staff were at risk of a needle stick injury.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

Care and treatment provided to patients from the sexual health service was in line with regional and national guidance. The trust had developed local policy and procedures to inform staff on actions to take when delivering a service. These were written in accordance with national guidance.

The trust took part in national and local audits, the outcomes of which were shared with staff. The service provided was an integrated service and staff worked well as a multi disciplinary team to provide a seamless service for patients.

Staff were supported by their managers and met for one to one supervision sessions and received annual appraisals.

Evidence based care and treatment

- The trust provided information which demonstrated they took part in local, regional and national audits. Current on going audits included record keeping and coding and the British HIV Association (BHIVA) HIV mentoring and assessment audit. The service had a target to audit the care and treatment provided to 100 patients out of a cohort of 251. The HIV service contributed to the survey of prevalent HIV infections diagnosed, which helped inform HIV prevention strategies and estimate the overall HIV prevalence in the UK.
- Clinical audits included the management of gonorrhoea, trichomonas vaginalis reaudit, NHIVNA (national HIV nurses association) national clinical audit of psychological support and emotional well being and the South West BASHH (British Association of sexual health and HIV) regional chlamydia partner notification re audit.
- Guidelines produced by the BHIVA guidelines were followed and strategies were in place to retain patients and ensure care and treatment plans were able to be followed. The trust was looking at alternative ways of engaging patients, for example, delivering virtual and telephone clinics. Evidenced practice was provided in

line with BASHH guidelines which were approved by the National Institute for Health and Care Excellence (NICE). We confirmed this through discussions with medical and nursing staff and from the records we reviewed.

- The HIV service was meeting BVHA guidelines regarding access to a doctor within two weeks of diagnosis. New patients who tested positive for HIV were provided with an appointment at a clinic with a nurse within 24 hours of receiving their results. This exceeded the expectation of the BHIVA guidelines.
- The service was part of the South West Area Regional Network for sexual health. Learning was obtained from the network to improve services to patients. However, we were told that attendance at the network meetings was dependent on staffing levels and clinicians being able to cover their work in order that they could be released to attend.
- Changes in national guidelines, for example chlamydia care and treatment, were cascaded at team meetings to all staff.
- Staff in the sexual assault referral centre followed national guidance regarding maintaining the confidentiality of patients. For example, information from the Faculty of Forensic and Legal Medicine regarding the management of intimate images that may be required to become evidence in court. The staff were aware of the Department of Health's documentation on Confidentiality: NHS Code of Practice which assisted staff to make difficult decisions on whether a breach of confidentiality could be justified in the public interest.

Pain relief

- We observed staff who answered the telephone booking line established whether the patient was experiencing any pain. They told us that if patients were in pain they would be prioritised for an appointment or advice from a clinician would be sought.
- Staff were knowledgeable about the pain relief offered to patients during specific treatment and procedures. For example, when attending the pregnancy advisory service or prior to the fitting or removal of an IUD (coil). Records showed that patients were offered pain relief when required.

Are services effective?

Technology and telemedicine

- The sexual health service provided results to patients who had attended clinics by text or email. The preferred option was by text to ensure confidentiality for the patient.
- The location of the service provided to people in Cheltenham had recently changed and there had been issues with the IT meaning no computer access or landline. Staff were managing with a mobile telephone and laptop connected to the Wi-Fi. All staff we spoke with acknowledged this had caused varying levels of difficulty when operating the service. However, the telephone provider was booked to rectify this situation and were attending the weekend after our inspection.

Patient outcomes

- The audits the department participated in were registered with the trust appropriately and permission to proceed was obtained.
- The results from audits were presented to staff at team meetings and also outcomes from audits undertaken elsewhere in the country were considered following the south west region network meetings.
- The HIV service was taking part in the National HIV survey of patient's experiences of stigma when living with HIV and AIDS. It was planned that the outcome from this survey would be shared with staff and patients on completion.
- The trust monitored whether patients were offered an appointment within 48 hours and whether they were seen within 48 hours. Data provided to us from the trust showed that, between July 2014 and March 2015 97% of patients were seen within 48 hours. For the period April to June 2014 98% of patients were seen within 48 hours. Initial data from April to June 2015 showed that this had reduced to 95% although the trust stated 100% of patients had been offered appointments.
- Leaflets were available within clinics and waiting rooms for patients to help themselves to about a range of conditions and treatment options.

Competent staff

- A system of annual appraisal was in place for nursing staff. We received positive comments from the nursing and administration staff regarding the appraisals they received. We were told this system was a two way process and staff were able to raise concerns, future job

development wishes and felt listened to as part of this process. Information provided at the inspection identified a target of 100% of all staff to have an annual appraisal. Records showed 87% of staff had received their annual appraisal between March 2014 and March 2015.

- The Clinical Director had a meeting planned with the Chief Executive of the trust board to look at leadership training opportunities for consultants and career progression for specialist doctors following the development of an integrated service.
- Induction for incoming doctors had been reviewed to ensure there was adequate support in place at the start of their employment. It was planned to keep this under review during the forthcoming appointments of new doctors
- Staff we spoke with were positive about the induction they had been provided with when commencing work within the sexual health services. We spoke with a newly qualified nurse who had completed a placement with the service during their training and wished to return once qualified. They had experienced a trust induction of two and half days and then a thorough service specific induction once commencing duties in the sexual health service.
- New staff were provided with a 'mentor' and spent time shadowing this experienced member of staff. All staff were required to complete competency assessments which were completed prior to the staff member carrying out the procedures on their own.
- Staff were aware of their own limitations and took action to seek advice and guidance from senior nursing and medical staff when necessary. For example, we found that when staff worked in satellite clinics in the community, they sought advice from a senior member of staff at Hope House prior to treating patients.
- Staff met with their line managers frequently. We were told that formal one to one sessions with their line manager took place three monthly, although some staff acknowledged these did not always happen if the department was busy or they were short of staff. Arrangements were in place for staff to receive peer support. We were told the nurse prescribers met together four times a year and also attended the trust wide nurse prescriber meetings and training sessions.

Multi-disciplinary working and coordinated care pathways

Are services effective?

- The sexual health service was an integrated service, with patients being able to access the necessary care and treatment in one place. There were social workers, counsellors as well as medical and nursing staff available to provide care, treatment and support to patients as required.
- The HIV service was jointly funded by the local authority and Gloucester Care Services NHS Trust (GCS), with staff employed by both organisations working closely together as one team.
- The HIV service held weekly multi disciplinary team meetings where staff from different disciplines and organisations jointly reviewed patients care and treatment plans. Patient records were written in by all disciplines to reflect the holistic care provided.
- The sexual assault referral centre (SARC) was managed jointly by Gloucester Care Services NHS Trust and the Police. Additional staff employed by Gloucester Rape and Assault service also worked within the department offering counselling and emotional support to clients attending the service.
- Detailed guidance was provided for staff working within SARC regarding working with doctors provided by the police (Police FME) and information on how to take samples in accordance with forensic requirements.
- The HIV service worked closely with the Terence Higgins Trust, with a support worker attending each clinic to provide advice and support. For example, regarding housing advice and immigration issues. The Eddystone Trust provided staff to offer peer support during clinics and also ran a support group for patients with HIV. Staff from GCS attended this support group.
- A new strategic sexual health group had been newly formed in Gloucester which GCS attended together with external organisations. This group were carrying out data review of all services available in the county and were in the process of developing a two year plan to improve services for patients.
- All staff spoke of working as part of a strong team and were positive about colleagues.
- The HIV service identified links with chest physicians who worked within the acute trust and referrals were made seamlessly when necessary.
- We saw patients were referred to the gynaecology service in the acute trust when required.
- Referrals were made to the British Pregnancy Advisory Service when the Gloucester Pregnancy Advisory Service did not have capacity to provide treatment in a timely way.

Access to information

- The paper based record system meant notes were not always available if a patient had attended another clinic. When patients booked appointments, the administration staff strived to track the notes and retrieve them in time for their appointment. We requested data reflecting the number of patients who attended clinics without their full notes but were not provided with this.
- Staff always saw patients even when attending without their previous notes. This meant that full information for example, previous treatment and test results, were not available to them, increasing the risk of errors and omissions in patient care. The trust had plans to implement an IT system that would provide patient electronic records but this was not expected to be available until August 2016.
- Records did not consistently identify the printed name of clinicians and at times it was not possible to identify staff by their signature. We asked other members of staff if they were able to identify the author and they were not always able to. This meant that the clinician providing previous care and treatment could not be identified should further contact be required with them in the future.
- Patient's records from the integrated sexual health services were filed in one personal folder. This included records relating to sexual health screening and treatment, in house cognitive behaviour therapy, psychosexual therapy and the pregnancy advisory service. Patients attending the HIV service and SARC had records held in separate and confidential folders to that department.

Referral, transfer, discharge and transition

- The sexual assault referral centre worked closely with the sexual health clinics to ensure patients who required follow up appointments had appointments booked in a timely way

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

Are services effective?

- Information was gathered and recorded in patient's records regarding their preferred method for the trust to communicate with them in the future. For example, by text or email.
- Consent was obtained from patients regarding the trust being able to contact their GP with information regarding their visit to the Pregnancy Advisory Service (PAS) and any results from their care and treatment.
- A service was provided to young people under the age of 16. Staff we spoke with were aware of and knowledgeable about Fraser Guidelines and Gillick competency. (The Gillick competency identifies children and young people under the age of 16s with the capacity to consent to their own treatment. Fraser guidelines refer to the provision of contraceptive advice and treatment for children and young people without their parents' consent)
- The sexual assault referral centre provided staff with information from the Faculty of Forensic and Legal Medicine on obtaining informed consent from patients prior to undertaking an examination following a serious assault.
- We observed that verbal consent was sought from patients prior to any care and treatment being carried out.
- Consent was sought if the patient declined a chaperone but a member of staff wished to have another member of staff present prior to carrying out an intimate examination. We were told this happened rarely but at times staff would require a chaperone for their own protection.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

The sexual health service provided a caring service to patients who attended the clinics. Patient's privacy, dignity and confidentiality were respected at all times.

Patients we spoke with were positive about their experience at the clinic and described staff as friendly, warm, welcoming and professional. Patients were supported by staff to understand their care and treatment options.

Compassionate care

- Friends and family tests to seek the views of people using the service were introduced into sexual health service in January 2015. We were shown the outcomes of the completed surveys and found patients had made positive comments and would recommend the service to family and friends. Prior to the implementation of the friends and family test, the service had carried out an annual patient satisfaction survey. We were provided with the electronic report that had been produced as a result of the last annual survey in 2013. This showed positive outcomes had been experienced by patients who used the service.
- The HIV service carried out a patient survey in 2014 in which 256 surveys were distributed, with 99 being completed and returned. The responses were mainly positive with 97% of patients stating they had been treated with respect and dignity and that the staff were friendly and 93% felt they had sufficient privacy during their appointment.
- The trust had launched a scheme known as 'hello my name is' in February 2015. This required staff to introduce themselves to patients on their first meeting. We saw clinical staff introduced themselves to patients but reception staff did not. However, patient comments we received during the inspection and those recorded on comment cards we provided prior to the inspection described the receptionists as friendly and welcoming.
- The waiting area for patients at Milsom Street was out of sight of the reception window where patients entered the building and registered, although it was in close proximity. During our inspection, although full, the waiting area was very quiet and patient conversations at

the desk could be overheard. The patient would not realise when entering the building for the first time that there was a room full of patients waiting round the corner. One patient commented there was no music or television and the waiting room was awkwardly quiet as a result. The lack of music /television in the waiting room at Hope House was also raised by a patient as an issue. Another patient commented that while in the waiting room at Milsom Street Clinic, they felt they were sat too close to others and that it was easy to see the forms their neighbours were completing about the reason for their attendance at the clinic. This meant patient's confidentiality could be compromised.

- The reception desk at Hope House displayed a sign to inform people where to queue to ensure the privacy of patients at the desk. We saw that patients did not follow this instruction but were not always asked by staff to stand back from the desk, thereby compromising the privacy and dignity of patients in front of them. Only one patient we spoke with in the afternoon commented that they were asked to move back to afford patients privacy
- Patient's comments were positive of the service they had received during our inspection. Specific comments included "the staff were friendly and welcoming and put me at ease", "I was anxious about coming here, but the nurse was so professional, calm and kind", "I feel well looked after, the staff are friendly", "the doctor [HIV consultant] is a brilliant listener, the service is extraordinarily good and I couldn't ask for anything better. The nurses go out of their way to help whenever I come to the clinic" and "I am confident that the staff are confidential and I was able to talk to them about my worries".

Understanding and involvement of patients and those close to them

- Patients told us they had received written information from staff regarding their treatment and conditions which had also been explained to them on a one to one basis during their consultation.
- The quality survey conducted by the HIV service in 2014 found that 83% of patients considered they were involved in decisions that were made about their treatment and 76% felt they had had a choice and say in

Are services caring?

what was happening with their treatment. 97% felt they were given information by staff in an understandable way, they could ask the questions they wanted to and that staff listened to them.

- We heard staff explaining in detail to patients the treatment and care provided and what they would experience.
- Leaflets were available to patients regarding their condition, treatment and care and we observed staff provided these to patients and then went through them to ensure the patient understood the written information about their condition.
- One patient told us “I sometimes get too much information and it is confusing but the Doctor writes things down if it is complicated”.

Emotional support

- Patients told us staff were respectful of their wishes to have friends or family support them during their appointment.

- The HIV patient survey carried out in 2014 found that 91% of patients were able to discuss their worries or concerns with the staff and 94% felt that staff listened to what the patient said.
- Staff provided patients with time to express any anxieties and responded appropriately to these anxieties. We observed this during our visit to the pregnancy advisory service and patients we spoke with during our inspection confirmed this.
- Information on being provided with a chaperone during care and treatment was displayed in clinics and consulting rooms. One patient told us they had not noticed the information but were aware of the chaperone availability as they had been given written information to read on arrival at the clinic which included this information.
- HIV patients were offered peer support. We evidenced from records and talking to patients that their choices were respected if they chose not to accept this service.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

The service had a single point of contact booking line which was managed at the clinic at Hope House. Staff and patients considered this service did not meet demand and consequently patients had experienced problems getting through to make an appointment and often ended up attending a walk in clinic. This had resulted in patients being unable to access the treatment they required immediately as some procedures required staff to have additional competencies.

The chlamydia screening programme was not meeting the commissioner's targets and although the trust had a number of actions in place to address this the performance would not achieve the target by the set date.

Clinics had been developed to improve the access for patients. For example over different evenings and on a Saturday morning.

Communication with patients whose first language was not English was assisted by the use of interpreters, translators and written information provided in a number of languages.

Planning and delivering services which meet people's needs

- A single booking line enabled patients to be provided with information about walk in clinics or an appointment at a clinic, based on their requirements and location. Clinics were in operation across the county to enable patients to access services, where possible, in the area in which they lived.
- Several clinics provided out of hours appointments in the evenings and on a Saturday morning a clinic was available at Hope House. The HIV clinics were spread across four days to provide access to patients at a time convenient to them. An HIV consultant was on call seven days a week to support clinicians and patients. The sexual assault referral centre provided a service over 24 hours seven days a week.
- Booking line staff were able to arrange for a telephone call to be made to a patient from one of the clinicians if

necessary. This was to provide guidance and information over the phone to enable a decision to be made regarding the urgency of an appointment and/or advice on care or treatment.

- The service planned to implement two way texting. Currently a text reminder of a booked appointment was sent, but patients could not reply to the text. An on line booking system was to be introduced. These measures were planned to provide better access to services for patients and reduce the number of patients who did not attend their appointment.
- The HIV service had no community team, but staff visited patients in their own homes if necessary. We were provided with an example of one patient who was visited in their own home due to their individual care needs.
- Patients who attended the HIV service could choose to have their medication delivered to them at home, to avoid leaving the hospital carrying large quantities of medication. A patient information leaflet was available to inform them about this service.
- The nurses who held clinics in the colleges, met during the summer holidays to plan the service for the following year. This included planning their attendance at freshers week and providing information, contact cards and free samples to students during this time.
- The pregnancy advisory service (PAS) met the two week target for termination of pregnancy to be carried out after the patient's initial visit and assessment. However, we were told by staff that a number of Doctors had left the PAS in the last year following the integration of the sexual health services. As a result a lower number of patients were able to receive care and treatment and an increased number of patients had been referred to British Pregnancy Advice Service (BPAS) for their care and treatment. We were provided with the numbers of patients who had been referred between June 2014 and May 2015. The number had increased from an average of three patients per month from June 2014 to January 2015. In 2015 the number had risen to 8 in February, 14 in March and April and 20 in May. This may not have met the expectation or the patients first choice of where to receive their care and treatment.

Are services responsive to people's needs?

- The sexual assault referral centre (SARC) was staffed between the hours of 9am to 5pm and an on call system was in place from 7pm to 7am. This meant that for four hours of the day there were no members of staff on duty and no formal on call system in place. This period of time was covered by the manager and deputy manager who would either attend the centre themselves or ring other staff to come in earlier or stay later. This did not ensure a service would be available promptly although the deputy manager assured us this had not been an issue as cover had always been arranged on the infrequent times required.
- The chlamydia screening programme was not meeting the commissioner's targets. The number of positive screens performance data in November was behind trajectory with 1014 positive screens recorded compared to target of 1429. The service had a number of actions in place to increase the number of positive screens, including identifying and following up partner notifications and working with partner agencies. However, these actions would not recover the performance required to achieve the target by the set date. Meetings had been held with the Commissioning service regarding the targets and the two year trajectory plan put in place to address this. We were provided with information which told us that previously the target used to be based on the number of screens completed as opposed to the number of positive screens found.
- A chaperone policy and procedure was in place which staff were aware of. Notices in clinic waiting and treatment rooms advised patients of this service. Written information was also provided to the patient when they registered their attendance at a clinic regarding this service.
- Children and young people under the age of 18 received a service in all of the clinics when required. Currently there were no specific clinics or specialised staff to provide a service to children and young people although this was an area that the clinical director was looking to develop. A proforma was completed by staff when providing care and treatment to children and young people.
- Healthwatch provided us with information they had received following the care provided to one young person. Their contact had not felt the child had been supported by an appropriate adult. We did not see evidence to support this during our inspection and found that staff were knowledgeable about Fraser guidelines and Gillick competencies and the needs of young people. (The Gillick competency identifies children and young people under the age of 16s with the capacity to consent to their own treatment. Fraser guidelines refer to the provision of contraceptive advice and treatment for children and young people without their parents consent)
- A steering group was in operation in the trust regarding the care and treatment of patients living with learning disabilities. Staff were confident of how to access specialist staff for support and advice if needed when providing care and treatment for people with a learning disability.

Equality and diversity

- Information leaflets were available in the clinics for people in their first language. We also saw information displayed on posters in waiting rooms in Polish.
- Interpretation services were available for staff to access when patients whose first language was not English attended the services.
- A translation service via a language interpretation line was available when required. Staff were clear that relatives were not relied on to provide translation services. This was because patients were seen alone during triage and due to the potentially confidential and personal nature of the services provided.
- Disabled access to toilets and parking was available at the clinics.

Meeting the needs of people in vulnerable circumstances

Access to the right care at the right time

- Data provided to us prior to the inspection showed that for the period of April 2013 to May 2014 the trust target of providing a contraceptive service to 95% of patients within eight weeks was consistently exceeded.
- The trust target for treating patients with HIV within eight weeks was set at 95%. For the period of April 2013 to May 2014 this was consistently exceeded at 100% for ten of the months and not met for the remaining two months at 83 and 80%.
- The psychosexual service target for seeing patients within eight weeks was set at 95% this was exceeded at 100% for ten of the months and not met for the remaining two months at 83 and 80%.

Are services responsive to people's needs?

- The number of patients who could be seen during a walk in clinic was predetermined based on the number and skill mix of staff. Once this number had been reached the clinical staff implemented a triage system. This ensured that patients who required emergency treatments could be seen promptly with others asked to return at a later time or day. The HIV services were able to provide care and treatment to patients who attended without an appointment. If consultant care and treatment was required and the consultant not available at the time, the nurse made an appointment for the patient to return at the earliest opportunity.
- We received variable comments from patients and staff about the single point of referral booking line. We spent time observing the one member of staff who manned the booking line for the whole county. We saw that at times this service was very busy. Patients were put on hold and advised they were in a queue when the line was in use. Staff acknowledged they did not know at any time how many patients were waiting. The booking line was advertised to be in operation from 08.30am Monday to Friday. One member of staff was observed answering the telephone from 8am and had received seven calls within the first 15 minutes. Patients we spoke with told us they had experienced difficulty in accessing the booking line and being able to make an appointment. There was no data gathered on the numbers of patients who called and hung up prior to speaking with staff. A number of patients told us they had given up on trying to get through to make an appointment and attended a walk in clinic instead.
- A business case had been prepared to be presented to the board to reflect the need for an additional member of staff to operate a second booking line. All staff spoken with agreed this was needed urgently to support the system.
- Healthwatch provided us with information regarding the sexual health services. Three out of the four comments they had received were regarding the appointment system. Two patients had experienced difficulty in making an appointment due to not being able to get through on the booking line and one stated it "was quick to get an appointment".
- Staff and patients told us that at times patients were incorrectly booked into clinics where the service required could not be provided. For example, for a smear test or presenting with symptoms. Alerts were placed on top of the clinic list on the computer to advise booking staff of any specific tests or treatment that could not be undertaken due to the staffing of the clinic. During our visit to a community clinic a patient had arrived for a smear test but the nurse was unable to carry that out because she lacked the competence to undertake the procedure.
- We spoke with staff regarding the delivery of the service to meet patient's needs. Staff told us they could not remember a community clinic being cancelled but recalled the need to rearrange appointments for patients. For example, if a doctor was on sick leave a nurse would cover the clinic but may not be able to provide full services for patients.
- We met with one patient who had attended a community clinic as a walk in patient and presented with symptoms that were required to be treated and investigated at Hope House. An appointment was made for the next day. We saw the patient arrive at Hope House the next day, the receptionist had ensured their notes had been returned from the community clinic the evening before to enable a seamless and informed service to be provided by clinicians.
- Patients were knowledgeable about the services available in Gloucester. One patient told us they had looked at information on the internet to find out the most convenient location for them and to find information regarding how to book an appointment.
- Patients we spoke with described having to wait at the clinics to be seen for between 1 and 4 hours. However, they were not unhappy about this as were pleased with the service they received once seen by the clinicians. One patient added that although they had to wait to see the Doctor "I know that I will be given as much time as I need when I am being seen".

Learning from complaints and concerns

- The trust had a complaints manager who addressed formal complaints received. An investigating officer was allocated to complete a full investigation of the complaint. The complaints manager was responsible to feedback to the complainant within 25 days. Staff were aware of this trusts' complaints process.
- Information provided to us prior to the inspection, from the trust, identified that there had been three complaints relating to the sexual health services over the previous 12 months. These included issues around communication, quality of care and the attitude of one nurse.

Are services responsive to people's needs?

- During the inspection we discussed the complaints process with the service manager and were told they recorded and investigated concerns and complaints raised at local level. The service manager maintained an electronic complaints folder. We reviewed this and saw responses to complaints had been provided to patients.
- Not all of the complaints which had been investigated locally were reflected on the trusts complaints log. It was therefore not clear who maintained the overview for all of the complaints received by the trust or if the number of recorded complaints was accurate.
- Information gathered during a complaint investigation was shared with staff to ensure learning. For example, reception staff were communicated with regarding the services they provided to patients attending clinics and individual staff had been spoken with regarding a specific reported incident.
- Information for patients in waiting areas and at reception desks on how to make a complaint was available in Hope House and Milsom Street centre. However we did not see this was visible in the satellite clinics. For example at the clinic held in Stroud or at Cirencester College. These meant patients attending these clinics may not be aware of the process to make a complaint or raise a concern.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

Governance arrangements were in place to monitor audit outcomes, risks and incidents. Risk management systems were in operation and identified that the service manager assessed risks within the service and escalated them to senior management when necessary.

The service had a clear vision and strategy and staff were proud and positive about their work and working for the trust and the sexual health service.

Staff worked as part of a multi disciplinary team. We evidenced and staff commented on how well the teams worked together which provided positive outcomes for patients.

Service vision and strategy

- The trust had clear values in place which were to provide caring, open, responsible and effective services. The trust vision was to be the service people relied on to understand them and to organise their care around their lives. The vision of the sexual health service was to provide a fully integrated service to all members of the community who required sexual health care and treatment.
- Staff were knowledgeable about the trust values and were able to describe presentations that had been delivered by trust board at various meetings.
- Staff told us the values were provided to them on name badges, lanyards, mugs and through emails and on the intranet. We saw evidence of these throughout our inspection.
- Staff believed the board abided by the values and good ethos of the trust.

Governance, risk management and quality measurement

- Clinical governance was a standing agenda item in the monthly senior operations meeting. Every 3rd month staff were required to bring any new policies or pathways to the meeting for a full governance discussion. Minutes of this meeting showed this took place.

- The manager of the service attended the trust wide meetings, policy group meetings and the nursing cabinet to ensure information was shared within and from the sexual health service.
- At the county wide board meeting governance issues were discussed. The community manager, service manager and clinical director of the sexual health services attended these meetings.
- The sexual health service had a local risk register in place with one member of staff allocated the responsibility for updating it. The staff member was allocated 3 hours a week out of their clinical hours for this purpose which showed the importance placed upon this process. Staff were aware of the risk register and items placed on it. Some items had also been forwarded for inclusion in the trust risk register due to their impact on the service. For example, medical staffing difficulties and a failure to meet the positive chlamydia screening targets.
- The county wide community manager had responsibility for the sexual health services and collated information from the sexual health service to inform the quality and governance report each month. This was presented to the monthly board meeting and included information from the friends and family test, mandatory training, supervision, compliments and complaints and the patient experience.

Leadership of this service

- The trust management team engaged with staff through the use of social media by using twitter to provide information about their role and the organisation. Two members of staff we spoke with were aware of this but not all were. Staff commented that at times the service could feel isolated from the main trust, but added there had been a lot of communication leading up to our inspection.
- The monthly trust newsletter provided staff with information about changes within the organisation and the senior leadership. All staff we spoke with received this newsletter electronically.
- Staff were positive about the changes of management within the sexual health service. The community

Are services well-led?

manager had been in post since November 2014 and the service manager had been newly promoted to manager although had worked within the service for a number of years. Staff were positive about their presence, visibility and support in the service. They commented that both were approachable, and supportive.

- The clinical director was implementing job plans for all medical staff. Support was provided by the deputy clinical director of the trust to agree the job plans. Regular meetings had been planned between the clinical director and consultants to ensure effective communication on the running of the service.
- We spoke with a new member of staff who made positive comments about being welcomed into the service and supported by the management team in their new role.
- Regular team meetings were held for staff who commented these addressed issues and provided information about all aspects of the service.

Culture within this service

- Staff we spoke with told us they were proud to work in the sexual health service and felt that they provided a positive and caring service to patients.
- Positive comments were made about their colleagues by staff we spoke with and staff spoke with pride about working as part of a cohesive multi disciplinary team.
- Staff were clear about the importance of respecting patients and ensuring their confidentiality at all times.
- We were told the integration of the service had caused some dissent from some members of staff, although those we spoke with were positive about the effects for patients.
- Staff demonstrated an awareness of the duty of candour, with information displayed in offices. We were told training had been provided to managers and cascaded to staff teams. Duty of Candour legislation has been in place since November 2014 and requires an organisation to disclose and investigate mistakes and offer an apology if the mistake results in a death, severe or moderate level of harm.

Public engagement

- The trust sought the views of patients through the friends and family test which had been implemented within the sexual health service in January 2015.

- Surveys were available for patients to complete within the clinics to provide their view of the service and make suggestions to improve the service.
- A focus group was in place working with young people to look at the use of advertising and branding of the service to make it more appealing to this patient group.

Staff engagement

- The trust had introduced a Listening into Action programme which was a national systematic approach for engaging staff to influence and shape services to provide the best possible care to patients. Staff we spoke with were aware of this programme. Information gathered by the trust showed that staff attended Listening into Action meetings, felt communication had improved and that they were listened to by the trust following the implementation of the programme. Members of the executive team had attended meetings in the sexual health service to engage with staff and hear their feedback about the services they provided.
- The trust encouraged staff to complete the staff friends and family test to seek their views on working for the trust and any improvements that could be made.
- An internal communication campaign known as 'smart working' was in operation to encourage staff to suggest ideas to improve the way in which the trust worked. However, staff we spoke with did not provide us with any actions that had been taken in sexual health services regarding this campaign.
- Staff attended weekly and monthly team meetings during which they were appraised of trust changes and information. Members of the executive team had attended the monthly meetings to communicate and meet with staff.
- The trust communicated with staff through an increased use of social media. A number of senior managers and executive board members used twitter to inform staff on the leadership and actions of the trust. We spoke to three members of staff who were aware of accessing information through this facility.
- The trust organised a system of awards for staff who had been nominated by their peers for their performance. The sexual assault referral service had been runners up for the effective team award in May 2015.

Innovation, improvement and sustainability

Are services well-led?

- Staff raised concerns to us during the inspection regarding members of staff teams nearing retirement age. They commented that succession planning was discussed with the service managers to ensure services continued seamlessly.
- The pregnancy advisory service provided by the trust, offered women terminations of pregnancy using a procedure known as manual vacuum aspiration (MVA). This provided a safer treatment for women and also meant they were required to spend less time in the clinic.
- A maternity pathway had been implemented for patients living in vulnerable situations who had recently given birth on the maternity unit at the acute trust. This service provided contraception services and had previously been provided in an ad hoc informal manner.

Funding had been applied for and received in April 2014 to make changes to the IT system at acute trust and a specific email address was now in place for maternity staff to make referrals to the sexual health clinic.

Patients referred were those living with learning disabilities, where there were safeguarding concerns, known drug users and for children and young people. A trained nurse from Hope House checked the emails at 10am daily and staff attended the maternity unit to provide contraception advice and support. For example, implants, oral contraception or by injection.

- The sexual health services were planning to develop and provide clinics specifically for young people. We were not provided with time scales for when this would be achieved.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities)
Regulations 2010 Cleanliness and infection control

Regulation 12(2)(g) The registered person must comply with the proper and safe management of medicines.

Medication must be kept securely stored in all areas at all times

Emergency medication must be checked regularly for expiry dates

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA 2008 (Regulated Activities)
Regulations 2010 Consent to care and treatment

Regulation 18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part.

The provider must review the arrangements and accessibility of the system in place to enable patients to telephone the service to make an appointment.